

TICK-ASSOCIATED RASH STUDY
ASSENT FORM FOR MINORS 7-14 YEARS OLD

[NOTE TO PARENTS OR GUARDIANS: Children may enroll in this research study if you give permission. Before giving permission, please discuss this study with your child. To give permission, you must sign the ADULT CONSENT/ PARENTAL PERMISSION/ ADOLESCENT ASSENT form. If your child understands and agrees to be in this study and is between 7 and 14 years old, ask him or her to sign this form.

If your child is between 15 and 17 years old, both you and your child should sign ADULT CONSENT/ PARENTAL PERMISSION/ ADOLESCENT ASSENT FORMs. If your child is younger than 7, do not ask him or her to sign any form. Your written consent is sufficient.]

We are trying to find out why you got a rash. This is a research study. Your parent or guardian has said that it is all right to be in this study. If you say "yes", we would like to take a small amount of blood from your arm. You will feel a sharp pinch. We would also like to take two small pieces of skin from your rash. We will numb the skin first. This is so that it will not hurt too much. This place might hurt a little bit for a day or two afterwards. After 3 to 6 six weeks, we would like you to return to this clinic. We will take another small blood sample at this time.

You do not have to say "yes." If you say "no," your doctor will still take care of your rash. Do you have questions? Ask your mother or father or guardian. You also can ask your doctor.

I agree to take part in this study.

Please print _____ Date ____ / ____ / ____
(full name of minor patient)

Address _____
Street City State Zip Code

Signature of minor patient _____

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